

**CLAIMS ONLY**

Application Number

Filing Date

10/616384

Applicant(s)

\* May be used for additional claims or amendments

CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT							
	Indep	Depend	Indep	Depend	Indep	Depend	Indep	Depend	Indep	Depend	Indep	Depend
1							51					
2							52					
3							53					
4			/				54					
5				/			55					
6				/			56					
7				/			57					
8				/			58					
9			/				59					
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13			/				63					
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43							93					
44							94					
45							95					
46							96					
47							97					
48							98					
49							99					
50							100					
Total Indep			3				Total Indep					
Total Depend			10				Total Depend					
Total Claims			13				Total Claims					